age

MK. Supply every item of information carefully. The corrections: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1217

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PRITIFIC	ATE	OF	DE	ATL

()2147 Reg. Dist. No. 7/336

1. PLACE OF D			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)		
		nits, write RURAL and give nearest town)	State Maryland Coo	tate Maryland county Wicomico		
How long to above place Hospital, Institution, o	or of death?	years eath occurred: 202 Chestnut Street	City or town. Delmar (If outside city or town limits, write RURAL and give nearest to			
3. (a) FULL NAM	Sallie	e Mary Adkins		3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Female	White	Wid.owed.		ary 27th, 45 ,12 N.		
	Conto	Les J.Adkins 6.6 Hallve, give ege years 1873	and that I last saw h. er allye on	24, 10 Fest. 27 19.455		
8. AGE: Yea	rs Months	Days If less than one day 22hrsmin.	Immediato cause of death	DURATION 24		
10. Usual occupation	Hàuse Uome	ounty, Maryland ounty, and state) Work	Due to Due to.	Jan'		
11. Industry or busine	Jacob Nich	nols				
= 12. Name		County, Maryland	Other conditions	••••••••••		
出 14. Maiden name	Martha	Gordy County, Maryland kins	(Include pregnancy within 3 r			
1S. Birthplace	Wicomico	County, Maryland		Date of op.		
18. Informant	Louis Ad	kins	Autopsy results			
Address	Delmar, I		PHYSICIAN: Please underline the cause to wh			
D	3	Date thereof. March 2, 1945.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide			
Cemetery or Bremai	M.J.)	Where did injury occur?(City or town)	(Connty) (State)		
Location	Delmar, De	laware	Injured at home, farm, Industry, public place (wi	here?)		
10 Eugaral director	99-8.	Marsel Co	Means of Injury	tnjured at work?		
Address	alma	6 seclarese	1.71.C.	mol		
19. (Date regd by r	egistrar) 15/45	41 5-41 0	Address. Adman	M. D. or other Date signed AL 24		

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Alexander	State Many Land County
(If outside city or town limits, write RURAL and give nearest town)	1 6 1
ow long in above place of death?	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where feath occurred:	Street No. Route #2.
and Market and Market and State of the State	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kulur Banke.	no
4. Sex Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colord. Single	2D. DATE DE DEATH February 16 1945 of 2 F
S, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
m	Feb. 12 18 45 10 Feb 16 18
7. Sirth date of Sirth date of	and that I last saw h 1271 alive on Feb. 16 19.85
deceased (mo., day, yr.) Oug 14 1943	Immalate cappe of death DURATION
B. AGE: Yeara Months Days It less than one day	Influenzal meningitis
/ 1/6 2mi	n. D D 7 day
9. Birthplace aller and	Due to A
(Town, county, and state)	Intlueus at meninguea.
10. Usual occopation	Bue to 10 Ja
11. Industry or bueiness	
12. Name Asety Smilly	Dither conditions
13. BiAtoplace	
	(Include pregnancy within 3 months of death)
14. Maiden name. Landys Bank. 15. Birthplace allan made	Major findings of operations.
15. Birthplace Allehr and	Date of op.
16. Interment I Laply Bonk	Autopsy results.
000 // 2 /	PHYSICIAN: Please underline the cause to which death should be charged statistically,
12 00000	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory A Management of the Comments of the Comm	Where did injury occur? (City or town) (County) (State)
000 - 10	(City or town) (County) (State)
Location Allsa Andrews	Injured at home, farm, Industry, public place (where?)
18. Funeral director Language Sullivant	Means of tnjury Injury at work?
Address Saleshury Md	This Hausan M. D
19. 25/19, 18 H.6 Hassiel & Joh	23. SIGNATURE M. D. or otler
(Date rec's by registra)	ar Address Dalestury, Ma Date signed 2/20/4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Lannie H. Bennie	3. (b) Social Security Number
4. Sex 4. Sex 5. Color or fage 6.(a) Single, married, widowed, or divorced Diugle 8.(b) Name of huaband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 19. 45 at where the state of
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4.7 9 12	and that I last produced all on the same of the same of death all on th
10. Usual occupation. 11. Industry or business 12. Name	Due to
14. Malden name. Sallie & Manables 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Salustung 17.	Antopsy results
Location 18. Funeral director Address 19. 2/13/45 19. Market	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other

PLEASE WRITE PLAINLY, WITH UNFAPING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAR 6 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

CEDETELO	ATE OF DEATH
CERTIFICA	ATE OF DEATH Reg. Diat. No. 333
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town full outside city or town limits, write RURAL and give nearest town)	City or town (It outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No
flow tong in hospital or Institution?	2.(a) If veteran, name war
Edward Somuel Brewe	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Wislowed	20. DATE OF DEATH 2 - 5 19 45 et 9
G.(b) Name of husband or wife Elsie Brewer	21. I CERTIFY that death occurred on the gare above stated; that I attended deceased from
\$.(c) If alive, give ageye	19
T Gluth date of	and that I last saws alive an early and that I last saws alive an early
deceased (mo., day, yr.) Wec 4, 1896	Immediate cause of death
8. AGE: Years Months Days If less than one day	- + D of sua
J48 2 hrs	ala.
Ohin	Due to.
Rirthplace (Town, county, and state)	Due 10
10. Usual occupation Samuell Worker	
11. Industry or business Linear lagra	Due to
12. Name Samuel S. Brewers 13. Birthplace Ohio	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Salu J Saphanne 15. Birthplace Offic	Major findings of operations 25
15. Birthplace Ohio	
Some Oliver Hilliam	Date of op.
16. Informant	Autopsy results
Address Fruilland maryland	
17 Duril Bate thereof 34. 8, 1945	22. VIOLENCE: If death was due to external causes, fillt in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Triendship Commettery	Where did injury occur?(City ox town) (County) (State)
Gast Prucedo Que An	1 stand at home from before while about the way be allowed
Location Salar Land	Means of injury Truck struck injured at work? \ Mo
18. Funeral director	by train 2
Address Trucesa anna ma	takademaky ys
11-11-12 2 200	23. SIGNATURE M. D. or other
19. 19. H. C. 19. H. C. 19. H. P. 19	Tar Address Asless My Date signed 2 /5/

HEVLAND STATE DEPARTMENT OF BEALTH

HOUSE STREET, SEE STATES

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MAR 3 1945

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TION is very important. See instructions on back of certificate.

should state

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	0215
						-

2. PLACE OF DEATH	33-01
County Wiconics.	Registration Dist. No. 332
	No. St., Wa death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Elifal Bunting: (a) Residence: No. (Usual place of abode)	St., Ward. If u. S. Veteran, specify WAR. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH Jeb. 24 1945
. If marriad, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of \ Q = 00". Base of	22. HEREBY CERTIFY, That I attended deceased fr
Valle planting.	aug. 15, 1944, to Feb. 24, 1945
DATE OF BIRTH (month, day, and years take 15- 1878	liast saw Din aliva on Feb. 24 ,1945; daath is s
AGE Yaars Months Days If LESS then 1 day,hrs.	to have occurred on the dete stated above, at Jan.
67 0 9 ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, Farming SAWYER, BOOKKEEPER, etc.	Janeinana, frimary
SAWYER, BOOKKEEPER, etc. Jumming	of left hand and afm, 500
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Became generalized and
10. Data deceased last worked at this occupation (month and 1942 spent in this occupation)	millastasted to I her pails
	Other Contributory Canoes of Importance:
(State or country)	
13. NAME James Burting	-
14. BIRTHPLACE (city or town) Wolledur (Stata or country)	Nama of operation Date of
15. MAIDEN NAME MOLACEN TOUTONS	What test confirmed diagnosis?
1 DAG T	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homitide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, in HOME or in PUBLIC PLACE.
INFORMANT Maller Builing	Specify whether Injury occurred in NDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Willanda . Ind.	Manner of Injury
Place Burial Billille Dota tabe 27th, 1945	Nature of Injury
9. UNDERTAKER Man: Howard Wells! (Addrass) Pittoville md.	24. Was disease or injury In any way related to occupation of deceased?
0. FILED FEL 27, 1945 - Lillian D. Davi Registrar.	(Signed) Frank R. Levre M. M. (Address) Willard, M.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II		
The principal cause of death and rel of importance were as follows:	ated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	4 /242	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1/4	7921	Run over by street car	1 week ago	
Cerebral hemorrhage	10 P	July 5,1927	Peritonitis	3 days ago	
\8					
Other contributory causes of import	ance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

02152

CERTIFICAT	TE OF DEATH Reg. Dist. No 3
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limity, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If yeteran, name war.
3. (a) FULL NAME annie E. Causey	3. (b) Social Security Number
4. So 5. Color or race 6.(a) Single, married, widowed, or divorced Senale This This S.(b) Namo of husband or wife. N. Brishal Changes	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (b) Name of husband or wife	and that I last saw h alivo oe sufficiently and that I last saw h alivo oe sufficiently
10. Usual occupation	Cither conditions. (Include pregnancy within 3 months of death)
14. Malden name Chipalitas Dalinas 15. Birthplace Delivered Co. M. 16. Informant Ma. Mallet M. Mallet, Address Address	Major findings of operations
17. Date thereof (month) (day) (year) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
16. Funeral director. In Shill K Harry Co. Address Salis Bury, M.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE. A SAMMULL OF Description
19	Address Sulsoling and Date signed 46/16

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore OFPERFICATE OF PRACTIC

Date signed.

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correct.	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 333.
ormation carefully. The cox death clearly and legibly.	1. PLACE OF DEATH: County	City of town (If outside city or town limit Strest No.	nounty
on ca	How long in hospital or institution?	(If rural, give 2.(a) If veteran, name war	e LOCATION)
	3. (a) FULL NAME Comily L. Mollin		3. (b) Social Security Number Ongles, Spill M
	5. Color or pace 6.(a) Single married, widowed, or divorced	MEDICAL C	ERTIFICATION
n of	Tumale White Single	20. DATE OF DEATH. 2 - /	2 1945, at / 9 M
ry iter	B.(b) Name of husband or wife	21. I CERTIFY that death occurred on this date at	bove stated; that I sitesded deceased from
rite	7. Birth date of deceased (mo., day, yr.)	and that I last same allow on	W 6001
A-DING INK. Supply every item of Physicians: please write the causes	8. AGE: Years Months Bays It less than one day	Immediate cause of death	DURATION Sully Really
IG I	10. Usual occupation.	Due to.	
hys	11. Industry or business (Myliph Oplify		
1	12. Name Child All Children	Other conditions	
WITH UNI	13. Birthplace 14. Maiden name Dawin Dawing 15. Birthplace Mayyama	(Include pregnancy within 3	months of death)
. 5.	16. Informant Add Addition of Department of the State of	Antopsy results	
LAINLY, especially	Address Show belle, My	22. VIOLENCE: If death was due to external ca	
WRITE PLAINLY is especially	Cemetery or crematory Location Date thereot (month) (div) (year)	Accident, suicide, or homicide. Where did injury occur?	(County) (State)
SE W	18. Funeral director. Hedinal Days mil	Means of Injury find 1st hate	Injured at work? The
PLEA	19. Boldy 18 Hb. Horis Land	23. SIGNATURE Helpsoty	M. D. or other,

Registrar

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(Date reg d by registrar)



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 332

CERTIFICATE OF DEATH

()2154 Reg. Dist. No. 3 3 3

1. PLACE OF DEATH: County	,6
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in abere place of death?. (If outside city or town limits, write RURAL and give nearest town) Mospilal, institution, or street address where death occurred: Street No.	
How long in above place of death	mant town
Hospital, institution, or street address where death eccurred:	rest town)
Manual of Share and North and Manual of Control of the Location	
(ILIUIAI, RIVE LOCATION)	, 400 00 400 00 4000 000 000 000 000 000
How long in hospital or Institution?	
3. (a) FULL NAME James (andrew Les Conway) 3. (b) Social Security	Number
4. Sez 5. Color or race 6.(a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION	
m w married 20. DATE DE DEATH Sela 16- 19.45	,at 11 45
8.(b) Name of husband or will Clementee Conumay 21. I CERTIFY that death occurred on the date above stated; that I stiended decer	ased from
o, (o) Name of allocated of white	
7. Birth date of Jeff alive, give age years and that I last saw h. Analive on F. S. Co. 15 alive, give age years	
deceased (mo., day, vr.)	
8. AGE: Years Months Days If less than one day Chonic Myserality	DURATION
8. AGE: Years Months 2 20 If less than one day	62
meding mass.	***************************************
9. Birthplace	*******************
10. Usual occupation A. Muchant al	
Oue to.	
11. Industry or bysides with the second of t	***************************************
12. Name Religion Corres Other penditions	
Interior American	-
14. Major findings of operations.	
14. Malden name Calthuise Moore 15. Birthplace (Include pregnancy within 8 months of death) Major findings of operations	
Mes assay Consum Parties none	
16. Information Antopay results. Autopay results. PHYSICIAN: Please underline the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to which death should be charged to the cause to t	
Address / Mark M. Cumpupus	
Bate thereof 4: 17-45 22. VIOLENCE: If death was due to external causes, fill in the following;	70
(Burial, cremation, or renova). Which?) (month) (my) (year) Accident, suickle, er hemicide	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Where did latery negar?	(Q+a+a)
Cometery or semantal (Cometer)	
Achaelian Topan Dand	
Location Mary Carage , Injured at heme, farm, Industry, public place (where?)	
Alle Allen Dellan Dendy	
Location Injured at home, farm, industry, public place (where?)	
Localium Mary Carel , Injured at heme, farm, Industry, public place (where?)	0

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STATEMENT OF THE STATE OF THE S

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Martin Strong Str., Services of the Superfection of 1250 125

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CERTIFICATE OF DEATH

Reg. Dist. No. 333

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00 2	1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED:
ipie	County Muconila	(For newborn infants give residence of mother)
The	City or town (If onteide city or town limited write RURAL and give nearest town)	State Dad County Weldmila
Id.		
ful	How long In above place of death?	(if outside city or town limits, write RURAL and give nearest town)
carefully.	nospital, institution, or street address where death occurred:	Street No.
		(If rule), give LOCATION)
ion	How long in hospital or institution?	2.(a) 11 veleran, name war.
ormati death	3. (a) FULL NAME	3. (b) Social Security Number
0 -	Mary Comments	
of	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	1. 1. 2 1	7 1 - 136
causes	Honale a a llidgue	20. DATE DF DEATH
	(8,6) Name of husband or wife. Illellean Opening	21. I CERTIFY that death occurred on the date above stated; that I alterned depeased from
every it	blead B.(c) if allve, give age to years	(Cct 20 19 44 10 Febr 19 4
te	7. Birth date of	and that I last saw h eMalive on Jan 116, 1945 19
	deceased (mo., day, yr.) alcout 1838	
	8. AGE: Years Months Days If less than one day	Immediate cause e1 death
Supply ease wr	106 min.	
.5		Marta Mahada Zana
ADING INK. Physicians: 1	9. Birthplace (Town, county, and state)	Due to Motifie 112 phullo 3 min
an	1D. Usual occupation.	
NG		Due to Claute cystitis. Cross
DI	11. Industry or business same as allowed	Accretion 3 Tue chol
PA	12. Name Askar fundament	Other conditions
UNF ant.	\$ 13. Birthelice Vantilable	
+	E Maria 8.80	(Include pregnancy within 8 months of death)
npor	14. Maiden named/////AAC	Major findings of operations.
Fil	\$ 15. Birthplace Ponlilohol and	Date of op
I'A	18. Informant Days Mary Palesto	Autopsy results.
PLAINLY, s especially		PHYSICIAN: Please underline the cause to which death should be charged statistically.
IN bec	Address delistifing ond	~22. V10LENCE; I1 death was due to external causes, fill in the following;
LA	(Burial, cremation, of removal, Which?) [But thereol of a (month) (day) (year)	Accident, suicide, or homicide
5. 52	000	
TE	Cemetery or crematory Talks De	Where did injury occur?
RI	Location MT very and	Injured at home, farm, Industry, public place (where?)
A	(a a) Xt. 2	Means of Injury Injured at work?
E	18. Funeral director Alas Allas Control of the Cont	0.// 00
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LE	111 11-10 12001	23. SIGNATURE
PI	19. 19/10 Hagge to be	usar 1. h. All a live

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MAR 3 1945

BUREAU V.S.

Dr. Itamen MARYLAND STATE DEPARTMENT OF HEALTH correct age 2411 N. Charles St., Baltimore (310) CERTIFICATE OF DEATH Reg. Diat. No. 33 3 1. PLACE OF DEATH i Comi C 2. USUAL RESIDENCE (HOME) OF DECEASED: 4
(For passion infaut give residence of mothers) information carefully. The (If outside city of town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Aution, construct address mere death occurred: (If rural, giy OCATION) How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION causes BINDING of 20, DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) DURATION MARGIN RESERVED 8. AGE: Years Months Days If less than one day (Town, county, and state) (Include pregnapcy within 3 months of death) Major findings of operations PLAINLY, is especially PHYSICIAN: Pfease underline the cause to which death should be charged statistically, 22. VIOLENCE: If death was the to external causes, filt in the following: Accident, suicide, or homicide, Where did injury occur?(City of WRITE (County) (State) injured at home, farm, industry, public place (where?) Means of Injury PLEASE 23. SIGNATURE (Date rec'd hy registrar) Registrar | Address

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MAR 7 1945

BUREAU

Dr. Brown MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore / 02158 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: rive residence of moth (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death? (If outside city of town limits write RURAL and give nesreat town) Hospital institution, or steets address where death occurred (If poral, give LOCATION) How tong in hospitat or institution 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION tem of BINDING 20. DATE OF DEATH. 21. I CERTIEX that death occurred on the date above stated; that t attended deceased from Supply every i S.(c) If alive, give age 62 years MARGIN RESERVED FOR deceased (mo., day, yr.) DURATION 8. AGE: ADING INK. Physicians: pl t1. Industry or business important. 13. Birtboldee (Include pregnancy within 8 months of death) t 4. Malden na 15. Birthplace 14. Malden name Major findings of operations..... HYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Date thereof. Accident, sulcide, or homicide..... Where did injury occur? WRITE (City or town) (County) injured at home, farm, industry, public place (where?) Injured at work? ASE PLE! (Date roe'd by registrar) Date signed Registrar | Address

RECENTED MAR 7 1945 BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.7

02159

CERTIFICATE OF DEATH

Reg. Dlat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infanta give residence of mother)
City or town. (17 odtside city or town limits, write RURAL and give nearest town)	State Maryland County Caroline &
How long in above place of death? 3 4000 18 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
E.S. 112 Sama tour	Streef Mo
How long in hospital or institution? 3.4.25., 8. Edicays	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
felomena Reusa	
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale white single	20. DATE OF DEATH 78 2 2 18 45 at 6.45 A a
B.(ò) Name of husband or wife	21. I CERTIFY that peath occurred on the date above stated; that I attended deceased from
	1/14/42 19 10 2/2/45 19
7. Birth date ofyears	and that I last saw h. en. alive on 2/1/45
deceased (mo., day, yr.) March 3, 1924	Immediate cause of death
8. AGE: Years Months Days If less than one day 20 10 29	Julinonam Outerculosis 5 4-2
9. Birthplace. Pulce Selphia Pa. (Town, county, and state)	Due fo
10. Usuat occupation	
11. Industry or business	Due fo
12. Name Joseph Aleusa 13. Birthplace Spain	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. Viole + Richard	Major findings of operations.
E 15. Birthplace England	Date of ob.
18. Informant deceased on admission	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cametery or crematory	Where did injury occur?
Liver der a Zun!	THE REPORT OF THE PROPERTY OF
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director of aggressived B. Hawlwer	Means of Injury tnjured at work?
Address Screwaboro and:	(Va D Q VIII)
2.16- 11-4 1200	23. STONATURE M.D. or other
(Date recold by registrar)	Address Dalisbury Md Date signed 2/2/xs

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

02160

Reg. Dist. No. 33 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County / Victornice	(For newborn infants give residence of mother)
City or town (If outside city or town limits write RURAL and give nearest town)	State Mary fall & County // Mclelle
	City or town Serlin
How long in above place of death?	(if outside rity or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Therete #
Canisala Den Naspiral	(if rural, give LOCATION)
How long in hospital or institution? 14 hrs. 45 menutes	2.(a) If veteran, name war
JISHAROON, MR. JEWEY	JACKSON. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MAIE White widawed	20, DATE DE DEATH Jehr. 10 18 45 81 5 A M
Flarence Downs Dishers	27. I CERTIFY that death occurred on the date above stated: that I attended decreased from
6.(b) Name of husband or wife. 7/ Dunce Donne Outhor	Feb 9 1845 to Fel 10 1845
. 6.(c) It alive, give ago. Clast yea	and that I last saw h 1 Mailve on 5 5
7. Birth date of deceased (mo., day, yr.) January 9 1898	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
	Erry Mittous, 2 days.
7/ mi	
9. Birthplace (Town, county, and state) Mary last	
10. Usual occopation Laborater.	
	Due to
11. Industry or business	
E 12. Name At Tanshung Suspenson	Other conditions
13. Birthplace Whaleyville Md.	
14. Maiden name Kate Treet	(Include pregnancy within 3 months of death)
14. Maiden name Fate Trusts 15. Birthplace Hecomics Caunty Md	Major findiegs of operations.
\$ 15. Birthplace / Econocid lacenty Ma	Bate of op.
16 Informant Miss Sate Ausharoan	Aotopsy results.
0 - 0 - 1 2-1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Berlin, Taule F/ Ma.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?) (Money) (day) (year)	Accident, suicide, or homicide
(Burial, eremation, or removal, Whiteh?) (showth) (day) (year)	
Demetery or cramatopy / will Complete	Where did injury occur?
Location Willows Dudy	Injured at home, farm, industry, public place (where?)
18. Funeral director M. Pasha Watson	Means of injury Injured at work?
Address Williamille Dell	La Rademalor LUA
AUBIESS XILLELIAMENT, MXXX.	AV 29 SIGNATURE
10 2/10 to Ho Haggeet of Son	Sugar O of (D. D) M. D. or other
19. (Date rec's) by registrary (Date rec's) by registrary	ar Address Date signed & 10 4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93.d)

CERTIFICATE OF DEATH

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T. Birth date of deceased (mc. day, yr.) A and that I last saw h. American live on deceased (mc. day, yr.) A and that I last saw h. American live on deceased (mc. day, yr.) A and that I last saw h. American live on deceased (mc. day, yr.) A and that I last saw h. American live on deceased (mc. day, yr.) A and that I last saw h. American live on deceased (mc. day, yr.) A and that I last saw h. American live on deceased (mc. day, yr.) Bus to saw h. American live on deceased (mc. day, yr.) Bus to saw h. American live on deceased (mc. day, yr.) Bus to saw h. American live on deceased (mc. day, yr.) Bus to saw h. American live on deceased (mc. day, yr.) Bus to saw h. American live on deceased (mc. day, yr.) Bus to saw h. American live on deceased (mc. day h. American live on day live on deceased (mc. day h. American live on day live on deceased (mc. day h. American live on day live on deceased (mc. day h. American live on day live on decease of deeth live on deeth live on deeth live on day live on decease of deeth live on deeth l		
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Box begin before a defense where death occurred: City or town. City or to		
Bow bear place of death? Character Street Seath occurred: Street Bo. City Teveral, give DOCATION Street Bo. City Teveral, give DOCATION City T	(if outside city or tewn limits, write RURAL and give nearest town)	
8. Set S. Color of race S. C	How long in above place of death? Wort 15 years	(if outside city or town limita, write RURAL and give nearest town)
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number A. Set 5. Color or race 6. (a) Sing or order, widowed, or directed MEDICAL CERTIFICATION 8. (b) Name of husband or wife. 8. (c) If allow, give age. 9. Social Security Number The state of the state of the date above stated; that I altended deceased from 19. If the state of the date of the date above stated; that I altended deceased from 19. If the state of the date o		Street No. Route 1
3. (a) FULL NAME A SET J. DOTA BY STREET, Number Page J. Dota By Stried, widowed, or diverced A. SET J. Color or race B. (a) Name of hurband or wife B. (b) Name of hurband or wife B. (c) If alive, give age. T. Sighth date of deceased (ma., day, yr.) B. AGE: Tears Menths Bays If less than one day In mediate ceuse of deceth Color, county, and state) Due to. Due to. Due to. Differ conditions Bate of op. Address 809 Carey J. Bate flored (menth) (day) (year) Commetty or ceremitary within 3 months of deceth) Hallowing remission. Bate of op. Authors 809 Carey J. Bate flored (menth) (day) (year) Commetty or ceremitary within 3 months of deceth) Hallowing remission. Bate of op. Authors 809 Carey J. Bate flored (menth) (day) (year) Commetty or ceremitary within 3 months of deceth) Hallowing remission. Bate of op. Authors 809 Carey J. Bate flored (menth) (day) (year) Commetty or ceremitary within 3 months of deceth) Hallowing remiss. Bate of op. Authors 809 Carey J. Bate flored (menth) (day) (year) Commetty or ceremitary within 3 months of deceth) Hallowing remiss. Bate of op. Authors 809 Carey J. Bate flored (menth) (day) (year) Commetty or ceremitary within 3 months of deceth should be cherged statistically. Authors 1 deceth was dee to affernal causes, fill in the following: Commetty or ceremitary within 3 months of deceth) Hallowing remiss. PHISTICALIAN: Please underline the cause to which death should be cherged statistically. Accident, suicide, or homicide. Bate of (County) (State) Injured at work? Main at the process of the p		(tartaini) Biro Booksatotti
4. Set S. Solve or race S. (a) Simply cried, widowed, or directed MEDICAL CERTIFICATION Male a a wadowed 8. (b) Name of hurband or wife South Second 18. (b) Haller, give age and that I last aw Michaelire on second (m., day, yr.) 8. AGE: Years Months Bays If less than one day 1. Birth fate of deceased (m., day, yr.) 8. Birthplace Spathage and state) 10. Bual occupation 11. Industry or business 12. I lead of operations 13. Birthplace Don't know (treated) 14. Maiden name South Second (michaeline) 15. Birthplace Don't know (treated) 16. Informant Alfred North Second (michaeline) 17. Birthplace So grang St. Baltimore 18. Informant Alfred North Second (michaeline) 19. Bate of op. 19. Birthplace So grang St. Baltimore 19. Bate flares (michaeline) 19. Bate of op. 19. Birthplace So grang St. Baltimore 19. Bate flares (michaeline) 19. Bate of op. 19. Birthplace So grang St. Saltimore 19. Bate of op. 19. Birthplace So grang St. Saltimore 19. Bate of op. 19. Birthplace So grang St. Saltimore 19. Bate of op. 20. Date of op. 21. I Centify I had death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 23. VIOLENCE: If death was due to external causes, fill in the following: 24. Completely or crematory. What a status St	How long in hospital or institution?	2.(a) If veleran, name war
8. Color or race 8. (a) Sing or rick, widowed, or directed MEDICAL CERTIFICATION Male 8. (b) Name of husband or wife. 8. (c) Halling, give age. 8. (c) Halling, give age. 9. (c)	3. (a) FULL NAME	3. (b) Social Security Number
Male a a wadowed B. (b) Name of husband or wife		rone
B.(6) Name of hurband or wife. B.(6) Haller, give age years deceased from the fact above stated; that I attended deceased from 19. If the state of deceased from 19. If the sta	4. Sex 5. Color or race 6.(a)Sing married, widowed, or divorced	MEDICAL CERTIFICATION
8.6) Name of husband or wife 8.6(c) Hame of husband or wife 8.6(c) If alive, give age 8.6(c) If alive, give age 9.8 Birth date of deceased (me. day, yr.) 9.8 Birth date of (lown, county, and state) 9.8 Birthplace 9.	male aa widowed	20. DATE DE DEATH 12 La 24 1945 81 12 4 M
T. Birth date of deceased (me. day, yr.) 8. AGE: tears Months Days If less than one day 18. AGE: tears Months Days If less than one day 19. Birthplace Spantary Grown and state) 10. Usual occupation Tarring 11. Industry or husiness 12. Name Don't favore 13. Birthplace Don't favore 14. Maiden name Days If less than one day 15. Birthplace Don't favore 16. Informant Alfred Whate 17. Birthplace Don't favore 18. Informant alfred Whate 19. Bafe thereof 2-27-45 (Burial, cremation, or removal, Which) 19. Cemetry or crematory White Days Major findings of opening the cause to external causes, fill in the following: 19. Cemetry or crematory or removal. Which Days Major findings of opening the cause to external causes, fill in the following: 19. Cemetry or crematory White Days Major findings of opening the cause to external causes, fill in the following: 19. Cemetry or crematory white Days Major findings of opening the cause to external causes, fill in the following: 20. YIOLENCE: If death was due to external causes, fill in the following: 21. Cemetry or crematory white Days Major findings of opening the cause to external causes, fill in the following: 22. YIOLENCE: If death was due to external causes, fill in the following: 23. Signature Major findings of openings 24. October of the cause to external causes, fill in the following: 25. Church Staglishury Major findings of openings 26. Church Staglishury Major findings of openings 27. October of the cause to external causes, fill in the following: 28. Signature Major findings of openings 29. County openings 29. County openings 20. County openings 21. Says openings 22. VIOLENCE: If death was due to external causes, fill in the following: 29. County openings 20. County openings 20. County openings 20. County openings 21. Says openings 22. VIOLENCE: If death was due to external causes, fill in the following: 23. Signature Major findings 24. County openings	B (h) Name of bushand or wife Don't know	
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8. AGE: Years Months Days If less than one day Affect of the state of	7, Birth date of	and that I last saw h. Linalive on Jesus 19 111
8. Birthplace Systematic Co. Unique Co. Uniq		Immediate ceuse of deeth
8. Birthplace Sparley France Co. Virginia Due to. 10. Usual occupation. Taxing Due to. 11. Industry or business Same 12. Name. Don't know. 13. Birthplace Don't know. 14. Maiden name. Mon't know. 15. Birthplace Don't know. 16. Informant. Alfred White Address 809 Carey St. Baltimore. Address 809 Carey St. Baltimore. 17. Burial 18. Euneral director James of Stawart. 19. Euneral director James of Stawart. 19. Stawart. 10. Usual occupation. 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. Don't know. 13. Birthplace Don't know. 14. Maiden name. Mon't know. 15. Birthplace Don't know. 16. Informant. Alfred White Date of op. 17. Cometery or crematory. White Date of op. 18. Funeral director James of Stawart. 19. Stawart. 10. Usual occupation. 11. Industry or business 12. Name. Date of op. 13. Birthplace Don't know. 14. Maiden name. Mon't know. 15. Birthplace Don't know. 16. Informant. Alfred which death should be cherged statistically. 16. PHYSICIAN: Pleese underline the cause to which death should be cherged statistically. 22. VIOLENCE: If death was due to exfernal causes, fill in lite following: 22. VIOLENCE: If death was due to exfernal causes, fill in lite following: 22. VIOLENCE: If death was due to exfernal causes, fill in lite following: 23. VIOLENCE: If death was due to exfernal causes, fill in lite following: 24. College, suicide, or homicide. 25. Where did injury occur? (City or town) (County) (State) 26. Church Stawart. 27. Signature. 28. Signature. 29. Signature. 29. Signature. 20. Signature. 21. Signature. 22. VI	0. 7.62.	Chromycastilio 2340
12. Name	9. Birtholace Spolaylvania Co. Virginia	Due to.
12. Name	0	Due to
13. Birthplace Don't know 14. Maiden name. Don't know 15. Birthplace Don't know 16. Informant alfred white Address 809 Care, St. Beltinore Major findings of operations. Matternations of operations. Major findings of operations. Matternations. Occupations. Major findings of operations. Matternations. Matternations. Major findings of operations. Matternations. Occupations. Major findings of operations. Matternations. Occupations. Matternations. Occupations. Occupations. Autopsy results. PHYSICIAN: Please underline the cause te which death should be cherged statistically. Autopsy results. PHYSICIAN: Please underline the cause te which death should be cherged statistically. Autopsy results. PHYSICIAN: Please underline the cause te which death should be cherged statistically. Autopsy results. PHYSICIAN: Please underline the cause te which death should be cherged statistically. Autopsy results. PHYSICIAN: Please underline the cause te which death shou		
(Include pregnancy within 3 months of death) 14. Maiden name. Date of op. 18. Informant. Address 80 9 Carey St. Beltimore. Autopsy results. PHYSICIAN: Pleese underline the cause te which death should be cherged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal. Which?) Cemetery or crematory. Location. L		Diher conditions
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Autopsy results. PHYSICIAN: Pleese underline the cause to which death should be cherged statistically. PHYSICIAN: Pleese underline the cause to which death should be cherged statistically. 2. VIOLENCE: If death was due to exfernal causes, fill in the following: Accident, suicide, or homicide	E 15. Birthplace Don't know	
Address 809 Carey St. Bultimore Md 17. Burial Cemetary or crematory. Which I base share a Canatery Cemetery or crematory. Which I base of County	18 Informant alfred White	Autopsy results
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Whata Haven Canatery Locaffon Whata Haven Maryland Injured at home, tarm, Industry, public place (where?) 18. Funeral director James F. Stauart Address 402 E. Church St. Saliabury Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		PHYSICIAN: Pleese underline the cause to which death should be cherged statistically.
Cemetery or crematory. White Italian Comatery Locaffon Where did Injury occur? (City or town) (County) (State) Locaffon Where did Injury occur? Injured at home, tarm, Industry, public place (where?) Means of Injury Address 402 E. Church St. Saliebury Md. 23. SIGNATURE MANNIE M.		22. VIOLENCE: If death was due to exfernal causes, fill in the following;
Cemetery or crematory. White Italian Comatery Locaffon Where did Injury occur? (City or town) (County) (State) Locaffon Where did Injury occur? Injured at home, tarm, Industry, public place (where?) Means of Injury Address 402 E. Church St. Saliebury Md. 23. SIGNATURE MANNIE M.	(Burial, cremation, or removal. Which!) Bafe thereof (menth) (day) (year)	Accident, suicide, or homicide
Location Whate I Location Maryland injured at home, tarm, industry, public place (where?) 18. Funeral director James F. Stawart Address 402 E. Church St. Saliebury Md. 23. SIGNATURE MARYLANDE M: D.		Where did injury occur?
18. Funeral director James F. Stewart Address 402 E. Church St. Salisbury Md. 23. SIGNATURE WHATHER M. D.	lenger White I Laven Maryland	Injured af home, farm, industry, public place (where?)
Address 402 E. Church St. Saliebury Md. 23. SIGNATURE MINEN M. D.		
		In we mer m. O.
19. 19. 18 # 5 A . Was fauch hall Registrar Address Subsellar Male signed	7/2 C- PS/ 1 CON 11	M. D. er other

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MAR 6 1945
BUREAU V.S.

Or Mrc MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (2) CERTIFICATE OF DEATH Reg. Dist. No. 333 r. The collegibly. 1. PLACE OE DEAT 2. USUAL RESIDENCE (HOME) OF DECEASED: printages give residence of mothe County..... (If outside city or town limits, write RURAL and give nearest town) ormation carefully death clearly and City or town (Doutside city or town limits, write RURAL and give neurest town) prere death occu (If rural, give LOCATION) information of death cle How long in hospital or institution?. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION. tem of i MARGIN RESERVED FOR BINDING item 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... every if 7. Birth date of 1845 deceased (mo., day, yr.) ADING INK. Supply Physicians: please wr 8. AGE: If less than one day 10. Usual occupation Other conditions important. (Include pregnancy-within 8 months of destb) VITH Major findings of nperations. especially PHYSICIAN: Please underline the cause to which death should be charged statistically, PLAINI is especia 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof... Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? WRITE (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? M. D. or other Registrar | Address (Date rec'd by registrer)

HARTEAND STATE DIVAL TENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 937 CERTIFICATE OF DEATH Reg. Dist. No. 3.3.3 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information of death cler Now long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION causes BINDING 20. DATE OF DEATH. 6.(c) t1 alive, give ageyears FOR deceased (mo., day, yr.) Immediate cause of death. DURATION 8. AGE: RESERVED 10. Usual occupation. 11. Industry or business 12. Name (Include pregnancy within 3 months of death) Major findings of operations ... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? 豆 (City or town) (County) Injured at home, farm, industry, public place (where?) injured at work? Means of Injury

23. SIGNATURE.

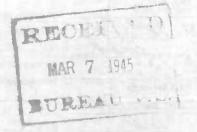
(Date rec'd by registrat

M. D. or other

MAR 3 1945 FUREAU V.S.

APRICA

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (342) CERTIFICATE OF DEATH Reg. Dist. No. 333 . The car 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For exwoorn infants give residence of moth County..... wn limits, write RURAL and give nearest town carefully. How long in above place of death?.. quiside city or town limits, write RURAL and give nearest town) Hospita Institution, or street address where death occurred: item of information caref (If rural, givo LOCATION) Now long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 6.(a) Single, married, widewed, or divorced MEDICAL CERTIFICATION ARGIN RESERVED FOR BINDING 20. DATE OF DEATH 21. I CERTIFY that doath occurred on the date above stated: that I stjended deceased from every i 7. Birth date of write end that I last saw h deceased (mo., day, yr.) K. Supply please wri DURATION tf less than one day 8. AGE: INK. ADING INK Physicians:] (Town, county, and etate 10. Usual occupation. 11. industry or business important. (Include pregnancy within 8 months of death) WITH PLAINLY, Is especially PHYStCIAN: Please underline the cause to which death should be charged statistically. 22- VIOLENCE: tf death was due to external causee, fill in the following; Accident, suicide, or homicide..... (day) (year) Where did injury occur?(City or town) WRITE (County) injured at home, farm, industry, public place (where?) Means of Injury SE NS (Date ree'd by registrar) Address. Registrar Date signed



Dr. Kademehn MARYLAND STATE DEPARTMENT OF HEALTH 02165age 2411 N. Charles St., Baftimore 93-0 CERTIFICATE OF DEATH Reg. Dist. No. 333 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (Earnewborn in ants give residence of mother Stale. (If outside city or sown limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death?.. (If outside city or town limit Hospitat, institution or street didress pers death governed (If rurai, give LOCATION) How long in hospital or institution 2.(a) If veleran, name war ... 3. (a) FULL NAME 3. (b) Social Security Number item of i RGIN RESERVED FOR BINDING Supply every in 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death Years 8. AGE: ease .. min. ADING INK. Physicians: pl 9. Birthplace Due to. (Town, counts 1D. Usual occupation **Due to** important. (Include pregnaucy within 3 months of death) Major findings of operations. PLAINLY, vis especially PHISICIAN: Please underline the cause to which death should be charged statistically. 22. YIOLENCE: If death was due to external causes, fill in the following; Date thereof Accident, suicide, or homicide...... Where did injury occur?(City or town) WRITE (County) injured at home, farm, industry, public place (where?) tnjured at work? Means of Injury ASE M. D. or other. (Date read by registrar) Registrar | Address. Date signed...

MAR 3 1945
BUREAU V.S.

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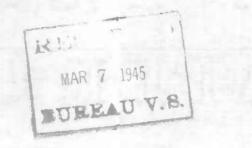
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (642)

CERTIFICATE OF DEATH

02166 Reg. Dist. No. 333

	CLICITICAL	L OI DEATH	Reg. Dist. No.	2.2.2.
1. PLACE OF DEATH: County Wicomico Salisbury		2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of state Maryland con		
City or town Oct 155 day (If outside city or town limits, write RURAL Street address, hospital, or institution: Peninsula General Hosp	City or town P.O. Delmar RFD#3 Ward No. (If outside city or town limits, write RURAL NEAR and give town) Street No. RFD # 3			
Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)		(If rural give	LOCATION)	
3. (a) FULL NAME			3. (b) Social Security	
Raymond William 4. Sex 5. Color or race 6. (a) Single, mar	Foskey		719-14-1	573
4. Sex 5. Color or race 6.(a)Single, mar	ried, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male White Marri		2D, DATE OF BEATH Feb. 14	th. 19 4!	5 4 pm M
6 (b) Mame of husband or wife Elsie Jones	Foskey	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dece	ased from
6(c) if alive, giv	e egeyears		, to	fer on
7. Dirth date of	17	and that I last say be lealive on		/13
deceased (mo., day, yr.) Sept. 19, 192		Immediate cause of death	Λ	OURATION
8. AGE: Years Months Days 1	if less than one day	Smolet v		2/11/4
Richalace Delmar, Delaware		Due to		
(Town, county, and state)		Due to		
10. Usual occupation Farmer				
11. Industry or business Farm		Due to		
12 Name John R.Foskey				
\[\frac{13. Birthplace}{2} \] Wicomico Count	y, Md.	Other conditions		
14. Maiden name Lulu Plmummer 15. Birthplace Laurel, Delawar 16. Informant John R. Foskey		(Include pregnancy within 3 Major findings:	months of death)	PHYSICIAN
2 15. Birthplace Laurel, Delawar	°e .	Of operations		the cause to wh
10. miormant		Of autoosy no		death should be charged statisti-
Address Delmar, Lel. RFD	# 3			
Burial Oate thereof	Feb, 14th-45 (month) (day) (year)	22. VIOLENCE: If death was due to external care Accident, suicide, or homicide		/11/4
Cemetery or Western XXX Smith Mil	ls	Where did injury occur? (City or town)		(State)
Location — elmar, Del. RFI	1 03	Injured at home, farm, industry, public place	4 4	1.
18. Funeral director	00	Means of injury shot huge	Injured at work?	no
Address Dulmar Du	cause -	- sakeline	ly	
19 D / H 19016 - Roass	Registrar John	23. SIGNATURE OF THE THE	of grand. D.	/
(Date 19t a by reportat)	B.ottat	Address - Andrew	My Date signe	1



02167

CERTIFICATE OF DEATH

	arles St., Baltimore (20)
CERTIFICA	ATE OF DEATH Reg. Dist. No. 3.3.5.
1. PLACE OF DEATH: · ·	2. USUAL RESIDENCE (HOME) OF DECEASED:
County MALAMISH	(For newborn infants give residence of mother)
City or town	State County County
12/2/2 2/1	City or town Inducated
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	/ Street No.
hat hat a flat the best of the state of the	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex / 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fame & white	M. M.
emile vonce	20. DATE OF DEATH. Slausauf 12 1942 at 1
8.(b) Name of husband or wife what M. Forgue	21. I CERTIFY that death occurred on the date above stated; that I attended peeds the
	19 19 Lift 19
T. Sirth date of	are and that I Jacksan alberton 19.
deceased (mo., day, yr.) Oleflenter 4 1874	
8. AGE: Years Monthe Days If leee than one day	Immediate cause of death DURATIO
' 10 5 8	in.
m. 11 1/1 1 1/1 1	Soff for the state of the state
Birthplace (Town, county, and state)	Due to.
Mrs. Admillar	
10. Usual occopation	Due to
11, industry or business	4
12. Name / Command Mallot / 1000	Other conditions
13. Birthplace Maklawille Alling	
	(Include pregnancy within 8 months of death)
H 14. Maiden name CHULF	Major findings of operations Mone
14. Malden name Chily Bylls 15. Birthplace Tallwood Meegenes	Date of op.
Man Oud Healand	
16. Informant	PHYSICIAN; Please underline the cause to which death should be charged statistically.
Address & Derline Many and	
17 Burne Date thereof 14/43	22. VIOLENCE: If death was due to external causes till in the following:
(Burial, eremation, or removal, Whichi)	Accident, suicide, or homicide
Cemetery or crematory Thou Colk (cun	(City or town) (Gounty) (State)
anne de to	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director Sun heir - Johnne	Means of injury from the hotel injured at work? No
18. Funeral director Dunket - Johns	Means of injury the whole injured at work? Ho
10 11 1 Lateral	Heans of injury the whole injured at work? Balancher the same and the

MARGIN RESERVED FOR BINDING

VS A15

INTEREST STORY OF THE STORY

MESSEL AL SOURS IN

MAR 7 1945
MUREAU V. F.

ADJUG INK. Supply every item of information carefully. The corresponding please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNI

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3/2

CERTIFICATE OF DEATH

	Avage Matte Atte (America)
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounly placement	(For newborn infanty give reaidence of mother)
ty or town. (If outside chy or town limits, write RURAL and give nearest town)	State County Muggine
ow long in above place of dealh?	City or town Selection
ow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
105 Cherry St	Street No.
ow tong in hospital or institution?	(If rural, give LOCATION)
(a) FULL NAME	2.(a) It veteran, name war
Lula E. Gellis	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. W. Wydow	20. DATE OF DEATH. Flashary 14, 1945 at 648 A.
(b) Name of husband or wife Alexand Gillia	21. I CERTIFY that death occurred on the date above stated: that attended deceased from
	(Ann 14 West Take 14 X
Birth date of	and that I last saw h
deceased (mo., day, yr.) (Clove) 18, 1869	
AGE: Years Months Days If less than one day	Immediate gause of death DURATION
12 27hrs,nin.	The state of the s
Birthplace M. Dernow, Samuel, md	Pun to
Birthplace. (Town, county, and state)	DUE (U
, Usual occupation Apollelistic	
. Industry or business	Due to
12. Name & drivard Pashiella	
12. Name & discard Dashilla.	Dther conditions
	(Include pregnancy within 3 months of death)
> 1 + 0 +)	Major findings of operations.
15. Birthplace Colon Colon, Mar.	Date of on.
Informant Lalford Billion	Autopsy results
Address Leason ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0111111	22. VIOLENCE: It death was due to external causes, fill in the following;
(burial, cremation, or removal, Which?) (burial, cremation, or removal, Which?) (burial, cremation, or removal, Which?)	Accident, suicide, or homicide
2 · 1 1 0 - 1 · 1 · 1 · 1 · 1 · 1 · 1	
Camptary or cramatory Man Solve 1 0 140 10 141	Where did Injury occur?
Cometery or crematory Many Collection Confidence of Comments of Co	Where did injury occur?
Cometery or crematory This Comment of the Comment o	Where did injury occur?
Cometery or crematory Many Collection Confidence of Comments of Co	
Cometery or crematory Many Collection Control of the Collection Control of the Collection Collectio	Injured at home, farm, industry, public place (where?)

RECOUVED

MAR 7 1945

BUREAUTH

Dr. Inely PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

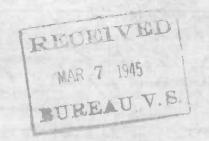
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02169

CERTIFICAT	E OF DEATH Reg. Dist. No. 3.3.3
1. PLACE OF DEATH: Willemil	2. USUAL RESIDENCE (HOME) OF DECEASED:
(If outside city or town limits, write RURAL and give nearest town)	State County Cou
How long In above place of death?	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME alies may Ha	3. (b) Social Security Number
4. Sol 5. Polor or tree 6.(a) Single, married, widown, or divoyed	MEDICAL CERTIFICATION 20. DATE OF DEATH. FLET. 5 2 19 3 19 3 12 , 2 , 2 , 3 19 3 19 3 19 3 19 3 19 3 19 3 19 3
8.(6) Name of husband or wildhaman 1. Harling	CERTIES that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.)	and that I last saw h. 4 Alive on FeL. 4 1975
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
B. Birthplace	Due to
1D. Usual occupation	Due to
11. Industry or busings 12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Martha Jane Culture 15. Birtholine Victornies G. Tond.	Major findings of operations
18. Interment annual of Harting	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address //3 // Discourse for Ablanta	22. VIOLINCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or remove Which?) Cemetery of cremators (Company of Company of Comp	Where did injury occur?
Localistus maryland	Injured at home, tarm, Industry, public place (where?)
18 Anoral Decion of Wale Of Holling	Means of Injury Injured at work?
Addrestablishing md.	23. STONATURE M. D. or ther
19. (Datored byrodistrar) 19 d. O. Head State of Special Strar	Address Balos berry mal. Date signed 2/6/45



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore //5-P 02170 CERTIFICATE OF DEATH Reg. Dist. No. 333 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED. information carefully. The cof death clearly and legibly give nearest town) (If rural, give LOCATION) How long in hospital or institution 2.(a) If yeteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION RGIN RESERVED FOR BINDING every item of causes te 7. Birth date of deceased (mo., day, yr. Supply 8. AGE: UNFADING INE 11. Industry or husiness important. 13. Birthol (Include pregnancy within 3 months of death) PHYStCIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) (Date rec'd by registra

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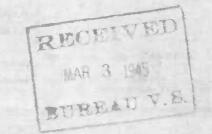
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MAR 7 1945 BUREAU V.S.

Dr. Wanner MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 109 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH State. (If outside city or town limits, write RURAL and give near est town) carefully. City or town if outside city or town limits, write RUBAL and give searest town) How long in above place of death?. of street mides where den occurred: information care Street No. (If rural, give LOCATION) 2.(a) If veteran, name war..... How long in hospital or institution? 3. (b) Social Security Number 3. (a) FULL NAME MEDICAL CERTIFICATION 6/(a) Single, married, widowed, or divorced 4. Ser causes BINDING of 20. DATE OF DEATH item 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife..... K. Supply ever FOR 7. 9irth date of deceased (mo., day, yr.) If less than one day Months 8. AGE: MARGIN RESERVED ADING INK. Physicians: I (Jown, connty, and state) 10. Usual occupation..... 11. Industry or Implices (Include pregnancy within 8 months of death) importan 14. Maiden na 15. Sirthplace especially PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Accident, suicide, or homicide..... (Buriai, cremation, or removal. Wh (month) (day) (year Where did injury occur? (City or town) (County) WRITE Cemetery or crematory Injured at home, farm, Industry, public place (where?) Injured at work? Moons of Injury PLEASE 22 SIGNATURE Registrar | Address.....

(State)

M. D. or other



Dr. Daisy

MARYLAND STATE DEPARTMENT OF HEALTH

02172

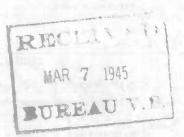
-	CERTIFICAT	les St., Baltimore (B)	
ļ	CERTIFICAL	TE OF DEATH Rog. Diat. No. 333	
1	1. PLACE OF DEATH: VICONIC	2. USUAL RESIDENCE (HOME) OF DECEASED: (For-newlyon integer give residence of mother)	
1	County	Ma De Marinage	
	(If outside city or town limits, write RURAL and give nearest town)	Stale	0 00
	How long In above place of death?	(If outside city or town limits, write RVRAL and give nearest town)	
ľ	Hospital, Instillution, or street address where death occurred:	Street No. 7/2 Bay 1/4	
		(If rural, give LOCATION)	100
	How long in hospital or institution?	2.(a) It veleran, name war	
	3. (a) FULL NAME	3. (b) Social Security Number	
ŀ	Gloeglanna Hil	chens	
	4. Soc 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	Jessel Mit Midow	20. DATE OF DEATH 714. 10 4 1945 at 7. Q	-
I	8.(b) Name of husband or wife Killiam Hitchens	21. I CERTIFY that death occurred on the date above stated; that Toltended deceased from	
	11100	100 / 1945 to Dat 10 1940	1
I	7. Birth date of QC 1-1070	any that I last eaw h. I allve on 3.4. 10	5
l	8. AGE: Years Months Days It less than one day	Immediate cause of death	
۱	74-019		Įų
I	P.O. 1 31:11 71:00 min.	cm rear.	
۱	B. Birthplace (Town, county, and state)	Due to.	
l	10. Usual occupation	Cricar-ryma y	4.
Į	11. Industry or business & at Home	Due to Start Delegation	
l	12. Name Eterene bear		****
į	13. Birthplace	Other conditions	100 00
I	# motte bealerd	(Include pregnancy within 3 months of death)	-
۱	14. Maiden name	Major findings of operations.	
	15. Birthplace M.	Oate of op.	10000
	18. Informant Mrs. Marcy Silles Mallace	Autopsy results.	••••
	Address /12 Pearl It Lapstey ma	HYSICIAN: Please anderline the cause to which death should be charged statistically.	_
	17 Berial Date thereof Feb. 13+1945	22. VIOLENCE: It death was due to externat causes, till in the tollowing;	
	(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	••••
	Cemetary or crapatory.	Where did injury occur?(City or town) (County) (State)	****
	Location daluting Ma	Injured at home, tarm, Industry, public place (where?)	
	18. Funda difesto may of Naller P. Hell	Means of Injury Injured at work?	
	Address Laber marland	MIHA MI	
1	2/19 Turned 2001	23. STORATURE M. D. or other	
1	10 13 1.3 1. NO TENDO TO 10 10 10 10 10 10 10 10 10 10 10 10 10	M. D. or order	

Address.

VS A15

25/13 (Date rec'd by registrar)

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137-2

CERTIFICATE OF DEATH

02173

D	 2	-	-	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (if outside city or town limits, write RURAL and give nearest town)	State Marin County Wires W.
How long in above place of death?	City or lown (If outside city or town limits, write RURAL and give nearest town)
prospital, Institution, or street address where death occurred:	Street No. 13 RANCH
How long in hospital or institution?	(If rurai, givo LOCATION)
3.(a) FULL NAME	2.(a) If veteran, name war
mr. James Holland.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, Widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 19.45 21 1/ 20. M
m & la lla lla	21. I CERTIFY That death occurred on the date above stated; that I sitended deceased from
8.(b) Name of husband or wife 1940 5	Jan 9 1945, 10 Feb 14 1945
7. Birth date of Section 8.(c) If alive, give age years	and that I last saw h Malive on 2 - 74 19.45
deceased (mo., day, yr.) March 14 1883	Immediate cause of death
8. AGE: Years Months Days If less than one daymin.	wenes 4 weeks.
9. Birthplace. Bulin Wacasta . Trus. (Town, county, and state)	Due to.
10. Usual occupation Carpenter.	Due to
11. Industry or business	
E 12. Name Charles Hollens 13. Birthplace maryland	Other conditions Aspertiopher Proolate 6 has
# 14. Maiden name Many Curis	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace maryland.	Date of op. Jan. 25,1145
16. Informant Mr. Robles Idveland	Autopsy results.
Address Berlin had.	PHYSICIAN: Pleaso underline the cause to which death should be charged statistically.
17. Bureal Date thereof 2/17/45 (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory Every Services	Where did injury occur?
B. 10. 0 20. 0	
Location Control Contr	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director truslus (3. Assl.	means of things
Address Sulis Ving Mid.	23 SIGNATURE JaRademaker. MP
19. (Dato reg'd by registrar) 19 db Basar & Registrar	San reliberry Mal M. D. or other

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MAR 7 1945

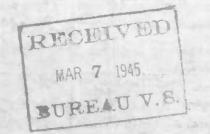
SURPAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (867) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. The ((If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death? (If outside city or town limits, write RURAL and give nearest town) Hospital, Ipetitution, or street address where death occurred: (If rurai, give LOCATION) Kow long in hospital or institution?.... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION RESERVED FOR BINDING causes 7. Rirth date of deceased (mo., day, yr.) DURATION Days It less than one day 8. AGE: G INK. 10. Usual occupation That selection 11. Industry or business mportant (Incinde pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: (Burial, cremation, or removal, Which? Where did injury occur? ... (City or town) (County) injured at home, tarm, industry, public place (where?) Injured at work? Means of Injury _ PLEASE M. D. or other

MAR 7 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 850 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) information carefully of death clearly and Hespital, Institution, or street address where don't occurred (If rural, give LOCATION) How long in hespital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION tem of i FOR BINDING item o 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: RESERVED ADING INK. Physicians: pl 10. Usual occupation. 11. industry or business important. (Include pregnancy within 3 months of death) 15. Birthplace PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, er homicide..... Where did injury eccur?(City or town) WRITE Injured at home, farm, Industry, public place (where?) Inlured at work? Means of Injury 18. Funeral director 23. SIGNATURE.

(Date rec'd by registrar)



NFADING INK. Supply every item of information carefully. The correct age it. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WI

VS A15

Dr. Daisy

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(12176) Reg. Diat. No. 3

City or town. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street access where death occurred:	(For newDernine ntake we residence of mother) State
3. (a) FULL NAME Nota Lee John	3. (b) Social Security Number
4. So S. Color or acc S. (a) Single, married, widowed, privorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH FLAT 6 40 PM
8.(b) Name of husband or wile living Thomas Johnson 8.(c) Name of husband or wile living Thomas Johnson 8.(c) 11 alive, give as 58 years 7. Birth date of deceased (mo., day, yr.) April 16 1888	OERT/FY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days 11 less than one day 20	
9. Birthplace P. Pure Canada M. M. (Town, county, and state) 1D. Usual occupation 24	Due 10
11. Industry or business 2 A Attraction of the state of t	Diher conditions
14. Maiden name Sallin Bullingha 15. Birthplace PD A Common Land	Major findings of operations.
18. Information a living 2.	Alopsy results
Address / Do Paragram are	Accident, suicide, or homicide
Cometery or crematory. The for Next Po. Ann	Where did injury occur? (City or town) (County) (State)
16. Funeral director of G. Wellen P. Hollon	Means of Injury Injured et work?
19. (Date ryled by registrar)	23. SIGNATURE M. D. or other Address Date signed 7.7./45
Total Total	

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MAR 7 1945

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-01 CERTIFICATE OF DEATH

02177

Reg. Diat. No. 3.33

14	1. PLACE OF DEATH: County (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? Hospital, institution, or street eddress where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3. (a) FULL NAME	3. (b) Social Security Number
	W. Harvey Johnson	221-12-1131
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife 9. Sec 9. If alive, give age 9. Years 7. Birth date of	MEDICAL CERTIFICATION 20. DATE OF DEATH
	8. AGE: Years Months Days If less than one day 5 2 6	Immediate cause of death OURATION Fracture Aule State Oue to.
	10. Usual occupation. 11. Industry or business Saurull 12. Name	Other conditions Prostrict Ros and (Include pregnancy within 3 months of death) Major findings of operations.
	16. Informant Address 17. (Burini, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.
	Cemetery or crematory. Chescapel Location 18. Funeral director Locale L	Where did injury occur? The County (County) (County) (State) Injured at home, farm, industry, nublic, place (where?) the finjured at work?

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MAR 3 1945

BUREAU V.S.

	arles St., Baltimore 93,0
CERTIFICA	TE OF DEATH Rog. Dist. No. 33.
1. PLACE OF DEATH: County City or town (If outside city or town haits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits) write RURAL and give nearest town (If rural, give LOCATION) 2.(a) If voteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Henry Janes	
4. Sex 5. Color or rack 6.(a) Singlo, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 2 - 28 19.45, 21 2
8.(6) Namo of husband or wife. Oltania Janes. 3. Birth date of 8.(c) If alive, give age you	21. I CERTIFY that death occurred on the dato above atafod; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause ut death acres acres the art. DUR
9. Sirihpiace School County, and style) 10. Usual occopation.	Duo to Orthon osclerosis
11. Industry or businesa Same as about	Other conditions
13. Birthélaco al slung med 14. Maldon name Callie Halle 15. Birthelaco allielus y med	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informan Manual Augustina Hurrill	Autopsy results
17. Burial, cremation, or removal, Which (Burial, cremation, or removal, cremation, or removal, which (Burial, cremation, or removal, crema	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or oromatory Land Land	Where did injury occur?
18. Funeral director de sales de Silveras de la Address Sales de sales and	Meana of Injury Injured at work?
19. 3 (Date reod by registra)	Address DD W Main St. Date algred 22

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CERTIFICATE OF DEATH

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- we have been account made

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MAR 2.2 1945

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02179

CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in this give realdence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County De County De Correction
How long in above place of death?	City or town
Number Manual Dospilar	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/27 19.45 to 2/28 19.45
7. Birth date of deceased (mo., day, yr.) use 22-1943	and that I last saw h alive on 2/28 19.45
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Moute Tulinessating Septicaries I day
9. Birthpiace (Town, county, and state)	Que to Cales Thembers
10. Usual occupation.	Due to
11. Industry or business/	
12. Name. Del,	Under conditions
14. Maiden namelling Paire Onder	(Include pregnancy within 8 months of death) Major findings of operations.
16. Interman Clarence P. / Kelly	Autopsy results Backer Rombers
Addres 529. S. Dir. A. Saluty md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22 VIOLENCE: If death was due to external causes, fill in the following:
17. Baie hereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or compatory	Where did injury occur? (City or own) (County) (State)
Location Character 16 Maller R. Wollow	injured at home, tarm, Industry, problic place (where?) Means of Injury Injuryd at work?
Addres Saluty Mayland O	20 SIGRATURE Stivers Hauson M.D.
19. 3/ 19 Hb Barriet Elegister	Address Selvalury Not Bate signed 3/1/45



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18. Funeral director

(Date rec'd by registrar)

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

CERTIFICATE OF DEATH

Means of Injury

City or town	(If outsi	de city or town 1	ipaits, write R	ORAL and give nearest town)	
	ve place of d	eath?et address where	C		
How long to ho	spital or ins	litullon?	***************************************	***************************************	••••
3. (a) FULL	NAME	Son	110	Hamall .	-
4. Sex	5.	Color or race	6.(a)Single	i, married, widowed, or divorced	1
6.(b) Name of t		ite Aug	\$.(c	I fassable It alive, give age	ars
deceased (mo		Months	14,1 Days	854 If less than one day	
o. Add.	90	11.	28	hrs	ıln.
9. Birthplace	1	Tarsus	county, and s	ofnice Ind.	
11. Industry or	business		6		
12. Name 13. Birthpla	Jace Jus	mes n	-	ge	
14. Malden	name	mkr	an		
16. Intormant	Mr	e, Woo	Mand	Anderson	-
Address	711	ite la	breu	md.	
(Burial, cres	mation, or r	emoval. Which?)	Date there	(month) Addy) (yenr)	
Cemetery or	crematory	Papelle	egre	Emeseus -	
Location		MILLON	Ad.	1.00	

icomico

2	3.	3. (b) Social Security Number	
more			
ME	DICAL CERT		
20. DATE OF DEATH.	eb. 11,	1945	21.550 A.M
21. I CERTIFY that death occurred	on the date above sta	ted; that I attended decea	sed from
and that I last saw hally	8 0a	11, 43	19
Immediate cause of death.	0	λ	DURATION
			7 das
***************************************			*****************
Due to			
***************************************			***************************************
Due to			**********************

Other conditions		***************************************	***************************************
(Include pregna	ncy within 8 months	of death)	
Major findings of operations		•••••	
***************************************	*****************************	Date of op	
Autopsy results	• • • • • • • • • • • • • • • • • • • •		**********
22. VIOLENCE: If death was due	to external causes, fi	Il in the following;	
Accident, sulcide, or homicide		Date of	on #00 Con CC con
Where did to jury occur?(
Injured at home, tarm, Industry, p	ublic place (where?)		

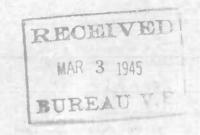
Injured at work?

M.D. or other

VS A15

MAR 6 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 159 CERTIFICATE OF DEATH Reg. Diat. No. 3.33 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, wate RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: Vinensula /den (If rural, give LOCATION) information of death cle How long in hospital or Institution?. 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION RGIN RESERVED FOR BINDING causes Temale 21. I CERTIFY that death occurred on the dale above stated: that I attended deceased from 6.(b) Name of husband or wife..... deceased (mo., day, yr.) Supply 8. AGE: If tess than one day ease remarine Ü 1B. Usual occupation 11. Industry or business important. (Include pregnancy within 3 months of death) Major findings of operations..... GICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide..... Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Injured at work?



PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700 CERTIFICATE OF DEATH

02183

Reg. Dist. No. 333

A						
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
1	City or town(If defisited city or town limits, wrigh RURAL and give nearest town)	State				
1	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)				
	Ausgrian, institution, of street address where death occurred.	Street No(If rarml, give LOCATION)				
	How long in hospital or institution?	2.(a) If veteran, name war				
	3. (a) FULL NAME	3. (b) Social Security Number				
	Miles, Otho	221-12-6315				
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
	Male C.	20. DATE OF DEATH 2 -5 - 1 155 21 8 9/ M				
	S.(b) Hame of husband or wite Pressure w Miles	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from				
		19 to 19				
	7. Birth date of deceased (mo., day, yr.) Jan 22-1961	and that I last sample alive on 19				
	8. AGE: Years Months Days If less than one day	Immediate cause of death				
	44 0 /4nrsmin.	Churchel Chest Fully				
	9. Stribolace Princess anne somewite	Due to Cult				
	(Town, county, and state)					
	10. Usual occupation.	Due to				
	11. Industry or business					
	12. Name Richard Miles	Other conditions				
14. Malden name Eller pullant		(Include pregnancy within 8 months of death)				
		Major findings of operations. There				
	\$ 15. Birtholace Princess anne ranges Colly	Bate of op.				
	16. Informant Alberta Miles	Autopsy results.				
Address Press and Bate thereof (month) (day) (year) Cemetery or crematory (month) (day) (year) Location Press (month) (day) (year)		PHYSICIAN: Please underline the cause to which death should be charged statistically.				
		22. VIOLENCE: If death was due to external causes, and in the following: Accident, suicide, or homicide				
					Address marion sto ma	Jakoslevahr 1150
					10 95/11 10 HB Bagin For Con	23. SIGNATURE
					19. (Date rec'd by registrar)	Address Date signed Date signed

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MAR 7 1945
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (370)

02183

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For psychorn infants give residence of mother)	
county MACAMACA	blista Mineral	
City or town (If outside city or town thanks, write RURAL and give nearest town)	State County County	*********
How long in above place of death?	City or iown	est town)
Hospital institution or street address where death occurred:	Street Ng.	
I shall shall willed to the tall	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) 11 veteran, name war.	V
3. (a) FULL NAME	3. (b) Social Security N	lumber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Write Wedowed	20. DATE OF DEATH HOLLES S. 1845.	1 6 8
6.(b) Name of husband or wife I Vassuet & a. Manufaux	21. I CERTIFY that death occurred on the dale about stated; that lajtended decease	
6 (c) If alive vive age vears	19.15 to 7-1-5	19.\\\\ \\ \
7. Birth date of Section 1 Section 2	and that I last saw h 2 m. alive oo 3	19.4.2
deceased (mo., day, yr.) 8. AGE: Years Months Days II less than one day	Immediate cause of death	DURATION
5.3 4 17hrsmin.	- I A	***************************************
9. Birthplace Pridlette Manustry My	Due to Appendingly Justice.	
1B. Usual occupation		***********************
11. Industry or business	Duo to.	***************************************
E 12. Kame MND MONOUT	Other conditions	
13. Birthplace	(Include pregnancy within 8 months of desth)	
# 14. Maiden same Ambriowif	Major findings of operations.	
14. Maiden name. Manhautum J	major manage of operations	
Mar Kon MI (Valorell)		
16. Informant	Autopsy results	tatistically.
Address McCallett Crach, Delgugue,	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, of mation, or removal Whigh!) Dalo thereol. (month) (day) (year)	Accident, suicide, or homicide	
a the while the		
Cemolery or crematory	Where did injury occur?	(State)
Location Maddle J	Injured at homo, farm, Industry, public place (where?)	
18. Funeral director. Affalancy & Dannas	Moans of Injury Injured at work?	
Address Sharal Hill MO	Dia Di	0
nuuross synwariam, my	29. SIGNATURE M. D. o.	r other
19 20 1 19 016 Harriel La 1940	a san	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

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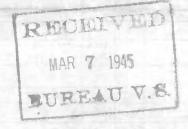
CERTIFICATE OF DEATH

Reg. Diat. No. ... 3. 3.3

County WICOMICO City or town Salisbury rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Eastern Shore Tb San How long in hospital or institution? Lyr. 5 Mo. 24 d. 3. (a) FULL NAME Elizabeth Melson 4. Sex 5. Color or race foliosingle, married, widowed, or divorced female white Widow	er
How long in above place of death?	er
Hospital, Institution, or street address where death occurred: Eastern Shore Tb San How long in hospital or institution? 1 Yr . 5 Mo . 24 d 3. (a) FULL NAME Elizabeth Melson 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 1. Control of the special or institution or street address where death occurred: Street No	er
Eastern Shore Tb San How long in hospital or institution? 1 yr 5 mo 24 d 2.(a) If veteran, name war	er
(If rnral, give LOCATION) How long in hospital or institution? 1 Yr 5 MO 24 d 2.(a) If veteran, name war 3. (b) Social Security Number Elizabeth Melson 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 1.	er
3. (a) FULL NAME Blizabeth Welson 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 1.	
Elizabeth Melson 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION 11.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 11.	45
female white widow 11.	45
female white widow	45
20. DATE OF DEATH February 17 19.45 of 1	M
8 (b) Name of bushand or wife ALTred Levin Melson 21. I CERTIFY that death occurred on the date above stated; that I attended deceased tro	om
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19
7. Birth date of 3.6 3.7. 7. 8. 1.0. 1.0. 1.0. 1.0. 1.0. 1.0. 1.0.	10
deceased (mo., day, yr.) 1131 UII DI. 1001	
8. AGE: Years Months Days If less than one day	DURATION
63 10 16 hrs. min. Fulmonary Tubercules is 2 yr	
9. Birthplace Frankford Delaware (Town, county, and state)	
10. Usual occupation housework	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11, Industry or business	

12 Bisheles Delaware	•••••
Maint fallor of counting	***************
2 15. Birthplace Delaware	
16. Informant deceased on admission Autopsy results.	
PHYSICIAN: Please underline the cause to which death should be charged statistic	
Address	
17. Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year) Date of	1177
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Accident, suicide, or homicide	
Cemelery or crematory (City or town) (County) (State	
Location	
18. Funeral director. M.s. Lashue Walson Means of Injury Injured at work?	,
Address Silhmulle Del. 10 1	0
23. STOHAJURE	
19. (Date rec's by registrar) Bate sloped Thegistrar Address Survey Bate sloped	

STREET TO THE STREET STREET, GRADULLE



dr. Dais MARYLAND STATE DEPARTMENT OF HEALTH 02185 2411 N. Charles St., Baltimore (3) CERTIFICATE OF DEATH Reg. Diat. No. 333 legibly. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED? The (For newborn infrots give residence of mother of information carefully. City or town. (If outsid ty wwn lights, write RURAL and give nearest town (If rural, give LOCATION) How long in hospital or institution?.... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL, CERTIFICATION MARGIN RESERVED FOR BINDING item 20. DATE OF DEATH that death occurred on the dain above stated: that Latended deceased from every write 7. Birth date of Supply deceased (mo., day, yr.) DURATION 8. AGE: Years If less than one day ease INK. sicians: (Town, NG 1B. Usual occupation. 11. Industry or ha Other conditions WITH UN 13. Birthplace (Include pregnaucy within 8 months of death) Major findings of operations. 15. Birthplace PLAINLY, v is especially i N: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... month) (day) (year) WRITE Where did injury occur? (City or town) (County) (State) Injured et home, farm, industry, public place (where?) 23. SIGNATURE. (Date roe'd by registrar) Registrar | Address.....

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MAR 7 1945

BUREAU V.S.

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Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH age is shown on 02186 2411 N. Charles St., Baltimore 940 FILM No G 9 4 MAY 14 1945 CERTIFICATE OF DEATH Reg. Dist. No. . 333 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED: legibl (For newborn infants give residence of mother) County..... City or town.....(If outside city or town limits, write RURAL and give nearest town) City or town.... How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: clearly (If rurai, give LOCATION) information of death clea How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION of MARGIN RESERVED FOR BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased to 6.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) Supply DURATION 8. AGE: Days ease Physicians: pl (Town, county, and state) 10. Usual occupation. 11. Industry or business 13. Birthplace importan (Include pregnancy within 3 months of death) 14. Malden oal 14. Malden oams Major findings of operations...... PLAINLY, is especially 16. Informant ... Antopsy results..... PHYSiCiAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof... (Burial, cremation, or removal, Which?) (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE (County) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 18. Funeral director... Address 29: SIGNATURE. (Date rec'd by registrar) Registrar | Address Date signed....



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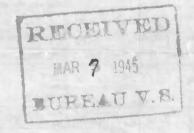
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1950

CERTIFICATE OF DEATH

(12188 Reg. Dist. No. 333

1. PLACE OF DEATH: ,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Allahary And Fredd County Laborated
(If outside city or town pinits, write RURAL and give nearest town)	
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town)
filmounds Shortelas	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Degrae W. Parsons	Startan aletre al
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION Classes, My
Male White Married	20. DATE DE DEATHO THE MURALY 28 19 46 at 2 A M
8.(b) Name of husband or wife Sussel Pateons	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
8.(c) If alive, give age 65 years	
7. Birth date of deceased (mo., day, yr.) 100. 22 - 1773	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immydiate cause of death DURATION 8 days
6910 03 6hrshrs.	1 Common Days
8. Birthplace Stacotory Manestor my	Due to a Cate of ice falling an
9. Birthplace (Fown, county, angistate)	Turn J)
10. Usual occupation Vallantia	Due fo
11. Industry or busines of account to the state of the st	
12. Name Planu: J. Palsons 13. Birthplace Manuand	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name May Cal Tonis 15. Birthplace Many Cary	Major findings of operations
Ma Colmoral D (Daise A)	Date of op.
Address Address MCC	Autopsy results
Thought 2/N-	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Bugal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide toursuit Date of Tile to 45
Cemetery or crematory Tallyssell	Where dld injury occur? Stattum words (City or town) (County) (State)
Location Stolehalog M.O.	Injured at home, farm, Industry, public place (where?)
18. Funeral director of Soldhard Jungshald	Means of Injury Cak of ise ful on Injured at work? yo.
Address Subw Hill Md	John I Tuly Als Thus Evenue
19. 3/B, 146 Harriet E. John	73. SIGNATURE M. D. or other
13	1 / 1 m/ 3-12-8/4/



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MARYLAND STATE DEPARTMENT OF HEALTH

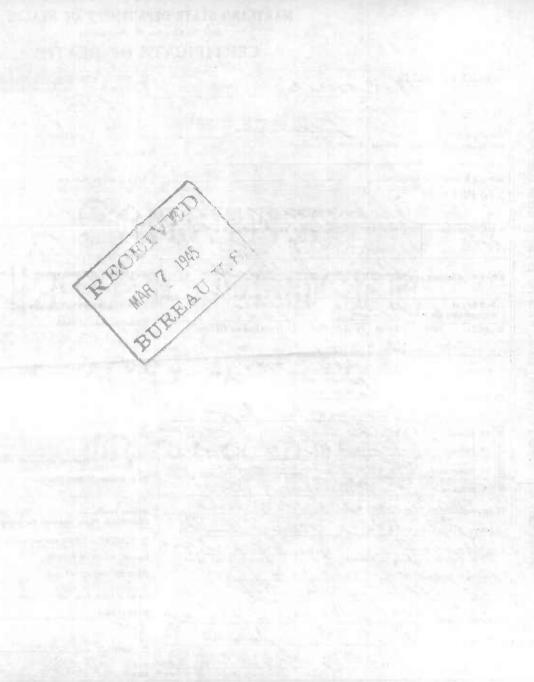
2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

112189 Reg. Diat. No. 332

1. PLACE OF DEATHY, Comic	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State Count Leonic
(If outside city or town limit write RUR Lead give nearest town)	State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jamas astur	Pareme
1 Sex 5. Jolor or Jose 6.(a) Single, married, widowed, or dispreed	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH FL. 28 1 19.45 31 12.45 PM
Parent Parent	
6.(b) Name of husband or wife	21. I CERTIFY that death opcurred on the date above stated; that I attended deceased from
7. Birth date of	and a find the
deceased (mo., day, yr.) (see 9 - 1881	0///
8. AGE: Years Months Days It less than one day	Immediate cause of death QURATION 48 Page
63 6 / 19hrsgmin.	
Petterille mil	O to
9. Birthplace (Town, county, and state)	Oue to
10. Usuat occupation.	Due to
11. industry or business Clargering	DUC IV.
12 Nam Showek askey Paren	Biher conditions
12. Name france acting facing 13. Birthplace Pettersen mg.	
14. Malden name Julia Buttingham	(Include pregnancy within 3 months of death)
6 1 p.++ 11. 1200	Major findings of operations.
E 15. Birthplace Puller Property	
16. Information	Autopsy results.
Address futtiville maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bate thereof & March 4-4	32-VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or emoval, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremtarity	Where did injury occur?
Location W polescolle Del	Injured at home, farm, industry, public place (where?)
Hollowa H. Waller R. Hollow	Meaos of injury injured at work?
Tuneral dicelor	V 1 4 1 5 6
Address Mary Mayland	23. SIGNATURE LEARLY PLEASE MEN
19 May 4 645 Lillian N. havi	M. D. or other
(Date rec'd by registrar)	Address / LLCA AD / A Date signed - 1193



MARYLAND STATE DEPARTMENT OF HEALTH

02199 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Reg. Dist. No.
City or town. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME John Veterson	3. (b) Social Security Number
4. Sex 5. Golor or race 6.(α) Single, married, widowed, or divorced Whita Wildows	MEDICAL CERTIFICATION 20. DATE OF DEATH
B.(6) Name of husband or wife. Southere Seteron 7. Birth date of deceased (mo., day, yr.) 8. AGE: Yesrs Months Days If less than one day 2	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from 19. 19. 19. Insuediate cause of death. DURATION Due to. Other conditions. (Include pregnancy within 8 months of death)
14. Malden name 15. Birthplace 16. Informant Address 17. (Burial, cremation, or removal, Which) Cemetery or crematory Location 18. Funeral director. Address 19. Address 19. Address 19. Address Registrar	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Caccident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SISNATURE Alekary M. D. or other Address. Address. Address. Alekary M. D. or other Address. Address. Alekary Date signed.

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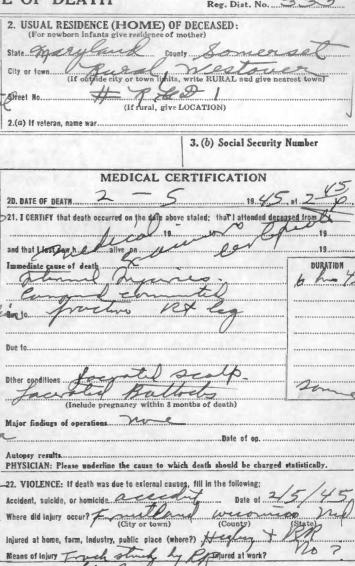
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WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77000

0	9.	19	17	
6.	Fed .	1.47	Fel	

3. (b) Social Security Number

CERTIFICATE OF DEATH

Roy. Diat. No. 3339 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Somerset Westover RURAL. (If outside city or town limits, write RURAL and give nearest town) # RFD T (If rural, give LOCATION)

How long in hospital or institution?. 3. (a) FULL NAME

Hospital, Institution, or sireet address where death occurred:

1. PLACE OF DEATH:

William Pittman

MEDICAL CERTIFICATION

2.(a) If vsteran, name war.....

6.(a) Single, married, widowed, or divorced Mala Married Colored Pauline Fing Pittman December decsassd (mo., day, yr.) 8. AGE: If less than one day Whitakers-Halifax-North Carolin (Town, county, and state) 10. Usual occupation Saw Mill Laborer 11. Industry or business 12. Name...... Julius Pittman. Sr. Whitakers, North Carolina 14. Malden net Lillie Long 14. Malden name. Whitakers. North Carolina Mrs. Pauline Pittman 18. Informant..... Westover. Md. # RFD] Address Oate thereof Feb. 8, 1945 17. Burial Burial (Burial, cremation, or removal, Which?) Cemetery or cremator Christ M. E. Cemetery Westover, Maryland # H. Harvey Bradshaw

Pocomoke City, Md.

Wicomico

Fruitland

> 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above

(Include pregnancy within 8 months of death)

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically

Major findings of operations ...

Accident, suicide, or homicide

22. VIOLENCE: If death was due to external causes, fill in the following:

Where did injury occur? Injured at home, farm, Industry, public place (where?)

Means of Injury

M. D. or other

Address

(Date rec'd by registrar)

Begistrar | Address.

.. Date signed

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PERSONAL PROPERTY.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0)

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CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: 7/	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Mants give residence of mother)
County	md M. same
(If outside city or town limits, white RURAL and give nearest town)	balan
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death neograd:	Street No. Rusal 2
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Spring & Pres	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverged	MEDICAL CERTIFICATION
male White maried	
There may marked	20. DATE OF DEATH 200 4 1945 al 10 3 P. M
8.(b) Name of husband or wifedelalede	21. I CERTIFY that death occurred on the date above slated: that I affended deceased from
	10 19 45 10 July 19 41
7. Birth dale of deceased (mo., day, yr.) April 11. 1892	and that I last saw have alive on the same alive of the same alive
8. AGE: Years Months Days If less than one day	Immediate capate of death
52 9 27hrsmin.	
	Jerry melling
9. Birthplace (Town, county, and state)	Due to.
Parmer	Aufleyer wiffer to
10. Usual occupation.	Due to
11. Industry or business	
12. Name Marios U. Porger 13. Birthplace Wadenier Co mod	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Charlette Oriens 15. Birthplace Warsester Co. Dred	
S 55 Blobbles 74/ as see Time (a Wood	Major findings of operations.
	Date of op.
16. Informani Julian Julian Company	Autopsy results
Address Colon, Mol. 11. W. 2	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Runal Date thereof 2 / 7/45	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory Management Management Company	There did injury occur?
Location Deliabrum Dell	Injured at home, farm, industry, public place (where?)
41. 11.016 1.6	Means of Injury
18. Funeral director	In In In
Address Dalrabung, Pall	23. SIGNATURE / Day
1 21/7 10 HAT Lagge 19 9. Oals	M. D. or other
(Date rec'd by registrar)	Address Date signed 1

MAR 3 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 185

CERTIFICATE OF DEATH

02194

Reg. Dist. No. 333

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOIVIE) OF DECEASED: (For newborn infants give residence of mother)
	County	State Maryland County Warcester
	City or town	10.
	How long in above place of death? 7 has 0	City or town (1f outside city or town limits, write RURAL and rive nearest town)
	Hospital, Institution, or street address where death occurred:	Street No. Celar
	Femusula General Hospital	(If rural, give Location)
	How tong in hospital or institution?	2.(a) If veteran, name war. World Way!
	3. (a) FULL NAME	3. (b) Social Security Number
	Leslie Cleveland Redden	214-12-6488
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	male white manied	20. DATE OF DEATH 2 - 7 19 45 at 2 19 M
- 1	CD: 1+00-211	
	6.(5) Name of husband or wife Clasatette , leaden	21. I CERTIFY that death occurred on the date above stated; that I attended decreased from
		the state of the s
	7. Birth date of deceased (mo., dey, yr.) Quant 2, 1894	and that I last saw h
	8. AGE: Years Months Days If less than one day	Immediate cause of death
	50 6 5hrsmin.	Permone Thereson Durch
	(D) 6121 + 15 4.	and the second
	9. Birthplace (Town, county, and state)	Due to Annual Confirmation
	10. Usual occupation. Carpenter	Less At lest The Show.
		Due to
,	11. Industry or business	
	12. Name John F. Redden 13. Birthplace Md	Other conditions
	S 00 10 14	(Iuclude pregnancy within 8 mouths of death)
	E 14. Maiden name mary Ellew Outlew	Major findings of pperations facerotion of thems
1	9 15. Birthplace Md	0ate of op. 2/2/45
	16. informani mrs. Elizabeth Reddew	Autopsy results.
	a bloom to	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	0 . 0	22. V10LENCE: If death was due to externat oauses, fill in the following:
	(Burial, cremation, or removal. Whigh?) Bate thereof: (month) day) (year)	Accident, suicide, or homicide.
	Cometery or crematory Halls Hill	Where did injury occur? Charles (City or town) (Connty) (State)
	Page Abor City RAA	Injured at home, farm, Industry, public place (where?)
	Location A & A	Means of Injury Part Rand on Injured at work? Hes
	16. Funeral director Margarette 17. Walsow	Dane:
	Address Pocombke City, md.	fastademaker lup 3. zour
	all ut et ADON	23 SIGNATURE M. D. or other
	(Date reg'd by registrar)	Address Daleshang Med Date signed 2 17 14

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-0)

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CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH: 3	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn infants give residence of mother)
	State Day County Philipping
(If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town Units, write RURAL and give nearest town)
How long in above place of death?	11 11 14 14
John B. Paising None	Street No
How long in hospital or institution? 5 USANA	2.(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
anie Clinah & Mid	les
4. Sex 5. Color or race 6.(a) Single/married, widowed or divorced.	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 45 at 630 A M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated: that lastended deceased from
6.(c) If alive, give, age years	Also 1945 10 Th. 1945
7. Birth date of deceased (mo., day, yr.) A.A., YO, 1854.	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of drath DURATION
94011hrsmin.	(h) West of that
9. Birthplace Ail (Town, county, and state)	Due to Chi I was help to was
10. Usual occupation.	Oue to.
11. Industry or business	Hypelian 111
12. Name Att Science (a. M. S. 13. Birthplace Officencia) (a. M. S.	Other condillons
	(Include pregnancy within 3 months of death)
14. Malden name Cld y All D GSA	
14. Malden name. Chi 14 Add By 15. Birthplace All this Ob., M.	Major findings el operations. Date et es.
16. Interment Mars B. Paver None,	Antonay results.
Address Jahaman Mach	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1), (4)	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Oate thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Islichum, 22 gr	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. The Dilly Dranger G.	Means of Injury Injury at work?
Address Alisahuu M.	MITTA MAD:
11/2 11-100 AON	23. SIGNATURE M. D. or other
19. (Data sociolos) 18 of 6 Fallice To Date	the state of the

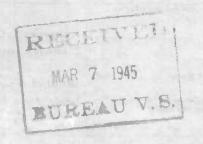
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MAR 3 1945

BUREAU V.S.

Dr. Daine MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 107 correct CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED! (If outside city or town limits, white BORA carefully. City or town. Hew leng in above place of death?.. (If outside city of town limits, write RURAL and give nearest town) Hospilal, Justitution, or signot address where death occurred: (If rural, give LOCATION) information of death cle How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION tem of causes BINDING 20. DATE OF DEATH. 21. LEERTIFY that death occurred on the date above stated: that taitended deceased from 6.(b) Name of husband or wife. .6.(c) If allve, give age FOR Supply evelease write 7. Birth date of deceased (me., day, yr.) DUBATION 8. AGE: Years If less than eoe day MARGIN RESERVED (Town, county, and state) 10. Usual occupation. 11. Industry or busing (Include pregnancy within 3 months of death) Major findings of operations..... PLAINL PHYSICIAN: Please naderline the cause to which death should be charged statistically, 22. WOLENCE: If death was due to external causes, fill in the fellowing: Accident, suicide, or homicide,..... Where did injury eccur?(City or town) WRITE (County) injured at home, farm, industry, public place (whore?) Inlifed at work? Registrar | Address... Date signed ...

MAR 7 1945 BUREAU V.S.



MARYLAND STATE DEPARTMENT OF HEALTH 02198 2411 N. Charles St., Baltimore 108 CERTIFICATE OF DEATH Rog. Dist. No. 3333 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) sbury (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death?.. Hospital Institution, or street address where down occurred: Street No. (If rural, give LOCATION) How long in hospital or institution? 2.(a) if veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number 4. Ser MEDICAL CERTIFICATION item of i GIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the data above stated; that t attended deceased from 7. Birth date of deceased (mo., day, yr.) Supply DURATION Months 8. AGE: Years Days If less than one day p UNFADING INK (Town, county, and state 10. Usual occupation 11. Industry or business 12. Name... important. 13. Birthplace 14. Maiden na 15. Birthplace dde pregnancy within \$ months of death) WITH 14. Malden name Major findings of operations..... especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 2. VIOLENCE: If death was due to external causes, Itll in the following: (month) (day) (year) (Burial, cremation, or removal. Which?) Date thereof. Accident, suicide, or homicide, Where did injury occur? .. Cemetery or crematory (County) (State) injured at home, farm, industry, public place (where?) Means of Injury injured at work? 18. Funeral director ASE Address 23_ SIGNATURE (Date reg'd by registra Registrar Address.

MAR 7 1945
BUREAU V:S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /07

CERTIFICATE OF DEATH

()219!) Reg. Diat. No. 3.3.3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Salvalia are and	State Dady County Millow Library
(If outside city or tewn limits, write RURAL and give nearest town)	City or town (if outside city or seen similes, write RURAL and give nearest town)
How tong in above place of death?	6 9 72 2
no.	Street No. 5. D. f. J. Ashall Can.
No. 1 to 1	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	
Service A. A. A. S. A.	MEDICAL CERTIFICATION
finali sa a langie	20. DATE OF DEATH # LLE 21 1945, at The
8.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and the blastown for a sure con 19.
7. Birth date of deceased (mo., day, yr.) Suly 98 1944	and that place and the gen and con 19.
8. AGE: Years Months Days If tess than one day	Immediate cause of death
6hrsmin.	aute Bronelin 12 hro.
9. Birthplace a the land land, (Town, equaty, and state)	Due to Prancia
10. Usuat occopation	***************************************
11. Industry or business	Due to
12. Namo Parllon with Man 13. Birthplace Sole lung Md	Dther conditions
722 722 722 722 722 722 722 722 722 722	(Include pregnancy within 3 months of death)
14. Maiden name and pp Wolson 15. Birthplage V. a.	Major findings of operations.
\$15. Birthplace	Date of op
18. lotormant of anelle aller	Autopsy results
Addres Pren Plan Come - Mid	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bate thereof to ile 24-45	22. VIOLENCE: If doath was due to external causes, fill in the following:
0 11	Accident, suicide, or homicide
Cemetery of grematory Probable	Where did injury occur?
Location Dakon Langer Tall	injurod at home, farm, industry, public placo (where?)
18. Funeral director Asserta Ho Siliulas	Means of tnjury tnjured at work?
Address Balloling and	Jakoleman Ket
11.11 WELD 1 A10.1	23. SIGNATURE Allegardy Medical Harris
(Date ree a by registrar)	Address falisting Med Bato signed 2/2 4/4.

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MAR 7 1945 BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-

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CERTIFICA	TE OF DEATH Reg. Diat. No. 233
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex (5. Color or race 6.(a) Single, married, wildowed, or divorced 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h kq. alive on 2 19 4.5.
8. AGE: Years Months Bays If less than one day When the country and state When the country are country are country and state When the country are country ar	Due to
10. Usuat occupation	Bue to halame of footal Bther conditions
14. Malden name alue E. Kith 15. Birthplace Machigango, Va. 16. taformant Caust A. Dawagen,	(Inclode pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results.
Address Salisably, M	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Salisland Mills Mission Co. 18. Funeral director Salisland, Md.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? Parkaslander Lep
19. Date Fee'd by registrar 19. 46. Barriet & Gold	23. SACHATURE M. D. or other Address Dale signed in 77/4

MAR 7 195 BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02201

CERTIFICATE OF DEATH

Reg. Dist. No. 3.33

1. PLACE OF DEATH: 2/	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Management	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County All Market
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits write RURAL and give nearest town)
How long in above place of death? J.J. J. J	
Hospital, Institution, or street address where death occurred:	Street Ho. D. J. Walfelahal and
107 Ulleflereday (CV)	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Claude N. Halker	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Itlike married	2D. DATE DF DEATH. Gel. 17, 19 45, 21 6 A. M
B. (b) Name of husband or wife Mattie M. Halker	2f. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	Feb 9 19.45 to 12 1145
7. Birth date of	and that I last saw hambalive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Corony Thortois Geldy
33 0 10 min.	diate
9. Birtholace Mardela Springs, Misonia, Md.	
9. Biringiace Addition (Town, county, and state)	Due to
10. Usual occupation. Alanda Attach	Due te
11. Industry or business	
12 Name alva N. Stalker	Dither conditions
5/2 · · · · · · · · · · · · · · · · · · ·	DINCE CONSTITUTOS
al 13. Birthplace Milonello Co.	(Include pregnancy within 3 menths of death)
14. Maiden name Ally (Daesday)	Major findings of operations.
15. Birthplace Misnie Co. M.	
0 0 000	Date of op.
18. lotormant for flather following the fight and the figh	Autopsy results.
Address Salis And 1. Pak.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
19 11 11 11 11 15.	22. VfOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
M Bedile)	Where did injury occur?
Cemetery or crematory	
Location Add Add The	Injured at home, farm, lodustry, public place (where?)
18. Funeral director All Wills Dolumen G.	Means of Injury Injured at work?
1.0.10 ml	Jakadanahar pp
Address Salishung, M.	23 SIGNATURE
2 /14 16 Base & Onl	M. D. or other
(Date rec'd by registrar)	Address Outshing had Date signed 2 / 2/26

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MAR 7 1945

BUREAU V.S.

2411 N. Charles St., Baltimore /70

02202

M3	d. T	CERTIFICAT	TE OF DEATH Reg. Dist. No	H >3
should carefully be supplied.	1. PLACE OF DEATH: County Wicomico City or town Delmer Street address, hospital, or institution: R.F.D.#1 Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Wicomico Delmar City or town (If outside city or town limits, write RURAL NEAR and give Street No. 405 Pine (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR.		
	on sho	3. (a) FULL NAME Garfield Columbus West	3. (b) Social Security 716-03-169	Number 92
BINDING	f information shores of death clearly	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married Married 6 (b) Name of husband or wife Ryda West	MEDICAL CERTIFICATION 2B. BATE DF BEATH February 7th 1945 21. I CERTIFY that death occurred on the date above stated; that I ettended dec	nm
FOR	Every item of write the causes	7. Birth date of deceased (mo., day, yr.) August 23, 1883 8. AGE: Years Months Bays If less than one day 5 14 6 6 1 5 14 6 6 6 6 6 6 6 6 6	end that I last saw helive on	19 DURATION Security
IN RESERVED	NFADING INK. Physicians: please	9. Birthplace Snow Hill, Maryland (Town, county, and state) Engineer 11. Industry or business Pennsylvania Railroad	Due to Struck by traine Due to Calliston of automobile and train	
MARGIN		E 12. Name Burton West 13. Birthplace Show Hill, Maryland Hettie Ann Ruark	Other conditions	- Diversi M
3	PLAINLY, WITH tespecially important.	14. Maldon name Hettie Ann Ruark 15. Birthplace Salisbury, Maryland 16. Informant Mrs Ryda West	Major findings: Df operations Df autopsy	PHYSICIAN Please underli the cause to wh death should be charged statisti- cally.
VS A164) PLEASE WRITE PLAINLY correct age is especially is		Address 405 Pine Street, Delmar, Del. 17. Burial (Burial, charactery of the street) Bate thereof. Feb. 10-45 (month) (day) (year) Cemetery of the street o	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Control Bate of the Where did injury occur? Accident (City or town) (County) Injured at home, farm, Industry, public place (where?) Pacific same Means of Injury Struck Mythacic Injured at work? 23. SIGNATURE Character Control County	no.



02203

2411 N. Charles St., Baltimore /3-2)

CERTIFICATE OF DEATH

Reg. Dlat. No. 3333

e col	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ly. The c	City or town (If ontaide city or town limits, while RURA and gire necess town)	State Monglond County Worrester
refully y and	How long to above place of death? Hospital, Institution, or street address where death accounted:	(If outside city or town limits, write RURAL and give nearest town)
n car	How long in hospital or institution?	(If rurai, give LOCATION)
tio h c		2.(a) If yeteran, name war
information care of death clearly	3.(a) FULL NAME alven Ray Wille	3. (b) Social Security Number
of j	Male Thile Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH FEBRUARY 15 19 45 at 6.35 PM
the	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 26, 44 19. to 2, 15, 45 19.
ly every write the	7. Birth date of deceased (mo., day, yr.) Ole 26. 1918	and that I last saw h i M alive on 2/15/45
	8. AGE: Years Months Cays It less than one day	Immediate cause of death
. Supply please wr	26 1 20hrsmin.	
ADING INK. Physicians: p	9. Birthplace	Due to
sicia	1D. Usual occupation	Due to
ADI Phys	11. Industry or business	
Gr.	12. Name Thomas Millians 13. Birthplace — 24 Md.	Other conditions
WITH UNI	14. Maiden name. Della Murray 15. Birthplace mu,	(Include pregnancy within 3 months of death) Majer findings of operations
VE	E 15. Birthplace mul.	Date of op.
. 5	18. Interment Millon Williams	Antepsy results
NI	Address Bushop: Mas.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
PLAINLY is especially	(Barial, cremation, or removal Which?) Dale thereof (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
WRITE	Location That yagelley Ml	Injured at home, farm, industry, public place (where?)
ASE V	18. Funeral director Angle askey Malson	Means of Injury tnjured at work?
PLEAS	Address Gushayaller, del.	29 SIGNATURE of and the India
PI	19. (Daté recit by régistrar)	Address Salisbury Melate signed 16/45

MARGIN RESERVED FOR BINDING

The correct age

HYARD TO STADIFFERE

REOSTVED MAR 7 1945 BUREAU V.S. MARGIN REGERVED FOR BINDING

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02204

Reg. Diat. No. 333

County	City or town (If outside rity or town limits five text RURAL and give nesrest town) Streef No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
Samuel J. Millian	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Married	20. DATE DE DEATN 746 13, 155 21440 15 M
6.(b) Name of Ausband or wife Annul Hullians	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
A.B.(c) If alive, give age 6.3 years	18.44, 10. 7.06. 13.18.45
7. Birth date of	and that I last saw has smallye on 2 -13 - 45 19
deceased (mo., day, yr.) 8. A.G.F. Years Months Days If less than one day	Immediate cause uf death
7 11 21	Delulas week
13 11 24 min	direase year
9. Birthplace. // assauranto, Muselle //a.	Due to.
(Town, Sounty, and State)	malules 3
1D. Usual occupation	Due 10
11. Industry or business	
12. Name Thomas Millians The	Dther conditions
13. Birthplace Hassayanto, Ma:	(Include pregnancy within 8 months of death)
H 14. Maiden name Paroliul Madlor	
15. Birthplace Hassawaus Mai	Major findings of operations
2) 13. Biringiace	Dafe of op.
18. informant	Antopsy results
Address Laugh Del, A. of Ny	
17. Burtal, cremation, or removal. Which?	22. VIOLENCE: tf deafh was due fo exfernal causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Heberen Max	Injured at home, farm, industry, public place (where?)
16. Funerat director Maga Ch Magazia Basia	Means of Injury Injured af work?
	OR OTO IN
Address Selfiber of de	23 SIGNATURE LOCALES III & OSWIN W
19. (Date reg d by registrar) 18 Al 5 Canal El Dhus Registrar	Address Salestree MCP Date signed 15/45

Registrar Address

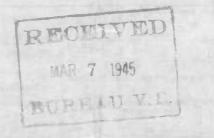


MARYLAND STATE DEPARTMENT OF HEALTH

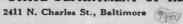
2411 N. Charles St., Baltimore 37.6

02205

CERTIFICAT	TE OF DEATH Reg. Dist. No. 333
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Water County	
City or town	State Marylands County Tomerset
How long in above place of death?	(If outside city or town fimits, write RURAL and give nearest town)
Hospital, Institution, pr street address where death occurred:	Street No. Route # 1
Ceninsula General Hospital	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Portia Viola Wright	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female aa Single	20. DATE OF DEATH 3 LV 4 1945 91 30 M
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0 (4) 14 days 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) About 1899	Immediate cause of death
8. AGE: Years Months Days It less than one day	Cardiac dellipur Toky
73min.	
9. Birthplace Edeni, Somenset Commandian (Town, county, and state)	Due to
10. Usual occupation Cook	Due to
11. Industry or business Hotel or Rastaurant	
12. Name Idonard Illright 13. Birthplace Eden Maryland	Other conditions leteral February luly
13. Birthplace Eden maryland	
14. Maiden name analine 7. Collins	(Include pregnancy within 8 months of death)
14. Maiden name angeline 7. Collins 15. Birthplace Snow Hill Maryland	Major findings of uperations.
mat of July: lt	Auteopsy results.
16. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Franceso Unne Maryland	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory filmonally	Where did injury occur? (City or gan) (County) (State)
Location Asian Edest md	Injured at home, tarm, industry, public place (where?)
18. Funeral director James 7. Stewart	Means of Injury Injured at work?
Address 40 2 E. Church St. Salsbury Md.	87 la land
1111 111-11-11-11-11-11-11-11-11-11-11-1	23. SIGNATURE. M. D. or other
(Date rec's by registrar)	Address Depley Date signed 2/5/14/57



MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

(1221)6 Reg. Dist. No. 333

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County County	State Mayland County Their new
(If outside city or town lights, write RURAL and give nearest town)	Halial will
How long in above place of death?	(14 outside city or town limits purite RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No. GLTD State 15.00.3.
	(Urural, give LOCATION)
How long in hospital er institulien? S. Mayel.	2.(a) If veteran, name war. Addid AtaO
3. (a) FULL NAME	3. (b) Social Security Number
Kechard Wyler	083-03-1141
4. Sex 5. Color or race 6.(a)Single, married, widowed, er divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Telmeany 22 1945 at 8 A.M.
6.(b) Name of husband or wife Magdales Hules	21. I CERTIFY that death occurred on the state above stated; that t attended deceased from
/ CANADA	Fel 17 1945, 10 Fel 22 1945
1 7. Birth date of	and that t last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Bays It less than one day	Immediate cause of death
(A) () () ()	lugares of Mises William),
#7 /0 /6min.	Krazel & Cronony Thinks May.
9. Birthplace A. A. Glille M. M. County, and state)	Due to.
10. Usuat occupation Falmel	Due fe
11. Industry or business	
12. Namo Hillian Nearly Hyless 13. Birthplace Tip	Dither cenditions
	(Include pregnancy within 8 months of death)
14. Malden name MAN Third Canalla	Major findings of operations Ray times Mesentis Blook
S 15. Birthplace	Date of op. 7/12/45
16. Informant Mrs. A. 21. Thyler	Antopsy results.
Address Salisham, M. R. S. 3.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17 Cunstin Date thereef 7/74/45	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or responsal, Which?) Date theree! (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Las Xinesta	Where did Injury occur? (City or town) (County) (State)
Location Hestington, D.C.	tnjured at home, tarm, industry, public place (where?)
1) Nill Wall-16	Means et Injury tnjured at work?
18. Funeral director	+1/1.0
Address Saleshuy, M.	as consum // la hus
10 82 /82H 10 HG - Beggiet & John	23. SIGNATURE. M. D. or other
(Data rec's by registrar)	Address Date signed 77/45

